PTO/SB/06 (08-03)

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Application of Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) 770 OR TOTAL CLAIMS (37 CFR 1:16(c)) minus 20 = X \$ OR X \$ INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X \$ OR X \$ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = 170 * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 1) (Column 3) **SMALL ENTITY** SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-**AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus MON OR Independent (37 CFR 1.16(b)) Minus ш X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHES1 മ REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENT AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) END OR Independent (37 CFR 1.16(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-EN **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total ENDMI Minus = (37 CFR 1.16(c) OR Independent (37 CFR 1.16(b)) Minus = OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 0 **CLAIMS AS FILED - PART I** OTHER THAN **SMALL ENTITY SMALL ENTITY** TYPE -OR (Column 2) (Column 1) FEE **TOTAL CLAIMS** RATE FEE RATE BASIC FEE 740.00 370.00 BASIC FEE NUMBER EXTRA OR NUMBER FILED **FOR** TOTAL CHARGEABLE CLAIMS X\$18= 3 4 minus 20= X\$ 9= OR INDEPENDENT CLAIMS / 2 minus 3 = 9 X84= X42= OR MULTIPLE DEPENDENT CLAIM PRESENT +280= +140= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR **OTHER THAN CLAIMS AS AMENDED - PART II** SMALL ENTITY SMALL ENTITY OR (Column 3) (Column 2) (Column 1) HIGHEST ADDI-CLAIMS ADDI-REMAINING NUMBER **PRESENT** TIONAL RATE RATE TIONAL **PREVIOUSLY EXTRA** AMENDMENT **AFTER** FEE FEE PAID FOR **AMENDMENT** X\$18= X\$ 9= Minus OR **Total** Minus Independent X84= X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST ADDI-CLAIMS ADDI-NUMBER PRESENT 0 REMAINING TIONAL RATE TIONAL RATE PREVIOUSLY **EXTRA AFTER** AMENDMENT FEE FEE **PAID FOR** AMENDMENT X\$18= X\$ 9= Minus OR Total Minus Independent X84= X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING TIONAL RATE TIONAL RATE **PREVIOUSLY EXTRA** AMENDMENT **AFTER** FEE FEE PAID FOR AMENDMENT X\$18= Minus X\$ 9= Total OR = Minus Independent X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT. FEE ADDIT. FEE

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Application or Docket Number

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"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."